ADCC Name: Windward Seniors Day Care

Community Ties of America 45-955 Kamehameha Highway, Suite 300 Kaneohe, HI 96744 Compliance Manager Name: Deborah Baumgart LPN

Address: 77 N Kainalu Drive

Honolulu, HI 96734

## Adult Day Care Center (ADCC) Recertification Deficiency Report

4/29/2021		Date Corrective Action Plan is Due:	
Check Item	H.A.R. 17-1424 Chapter #	Chapter Heading	Rule # and Non-Compliance findings
ок	3	Application for Certificate of Approval	
ОК	11	Administration	
ок	12	Personnel and Staffing	
OK	13	Admissions	
ОК	14	Participant Fees	
ОК	15	Transportation	
ОК	16	Services for Center Participants	
ок	17	Physical Location	
ок	18	Fire Protection	
ок	19	Other Disasters and Evacuations	

The CTA Compliance Manager has reviewed the above items with me and has provided me with a copy of this form. It is my responsibility to correct all items listed above and provide a written plan of correction to CTA within the timeframe stated above.

If this box is check	ed then I understand that I met all requirements and no corrective acti	on is requ	iired		
PRINT NAME:	Allison Bean				
SIGNATURE:		Date:	04/2012021		
Compliance Manger Signature	John Som	Date:	4/29/21		